



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E277574**

INTERSTATE	<input type="checkbox"/>	CITY STREET	<input checked="" type="checkbox"/>	FIRE RESULTED	<input type="checkbox"/>
STATE ROUTE	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	STOLEN VEHICLE	<input type="checkbox"/>
COUNTY RD	<input type="checkbox"/>	PRIVATE WAY	<input type="checkbox"/>	HIT & RUN INVOLVED	<input checked="" type="checkbox"/>

CASE #	13-02576		
LOCAL AGENCY CODING			
TOTAL # OF UNITS	02	OBJECT STRUCK	

TRIAL RESERVATION					
DATE OF COLLISION	M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
	10 - 15 - 2013	0000	31		0664
ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input checked="" type="checkbox"/>					

17TH ST NE	BLOCK NO.	9000
MILE POST		
DISTANCE	MILES	OF (REFERENCE OR CROSS STREET)

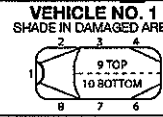
UNIT 01	MOTOR VEHICLE	<input checked="" type="checkbox"/>	PEDAL CYCLE	<input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE		
LAST NAME	UNKNOWN			FIRST NAME				MIDDLE INITIAL	

STREET NEW ADDRESS			
CITY	ST	ZIP	
CDL	RESTRICTIONS	ENDORSEMENTS	

DRIVER'S LICENSE #	STATE	SEX	U	D.O.B.									
ON DUTY	STATUS	AIRBAG	9	RESTR.	9	EJECT	9	HELMET USE	9	INJURY CLASS	0	NATURE OF INJURIES	

LICENSE PLATE #	STATE	VIN#	
TRAILER PLATE #	STATE	TRAILER PLATE #	STATE

VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
REGISTERED OWNER INFO.									
LIABILITY INSURANCE IN EFFECT	INSURANCE CO & POLICY #			CHARGE					
VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #							



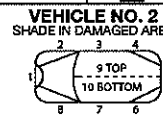
UNIT 02	MOTOR VEHICLE	<input checked="" type="checkbox"/>	PEDAL CYCLE	<input type="checkbox"/>	PEDESTRIAN	<input type="checkbox"/>	PROPERTY OWNER	<input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE	
LAST NAME	UNKNOWN			FIRST NAME				MIDDLE INITIAL				

STREET NEW ADDRESS			
CITY	ST	ZIP	
CDL	RESTRICTIONS	ENDORSEMENTS	

DRIVER'S LICENSE #	STATE	SEX	U	D.O.B.									
ON DUTY	STATUS	AIRBAG	9	RESTR.	9	EJECT	9	HELMET USE	9	INJURY CLASS	0	NATURE OF INJURIES	

LICENSE PLATE #	B46146H	STATE	WA	VIN#			
TRAILER PLATE #	5773UP	STATE	WA	TRAILER PLATE #		STATE	

VEH. YEAR	2008	MAKE	TOYT	MODEL	TUNDRA	STYLE	PK	VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
REGISTERED OWNER INFO. DRIVERS TRAINING GROUP 17946 NE 65TH ST REDMOND WA 98052 D: 4254491621													
LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>			INSURANCE CO & POLICY # PHILADELPHIA INDEMNITY GROUP PHPK934931									
VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE										
OFFICER'S NAME (PRINT)								BADGE OR ID #		AGENCY			
D. PLANALP								102		WA0311900			





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E277574**

CASE # **13-02576**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #		SEX		D.O.B. MMDDYYYY											
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #		SEX		D.O.B. MMDDYYYY											
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #		SEX		D.O.B. MMDDYYYY											
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES

NARRATIVE

V-2 was legally parked unoccupied on the eastside of 17th ST NE in the 9000 block facing northbound with a trailer attached which had an attached WA plate of 5773UP. V-2 trailer was struck on the driver side just in front of the axle by an unknown type of vehicle at an unknown time. There is no suspect information.

**** AUTO-POPULATED SECTION ****

THE FOLLOWING ARE DESCRIPTIONS ENTERED FOR ITEMS SELECTED AS "OTHER":

Motor Vehicle Unit 1

Action Code: UNKNOWN

**** END OF AUTO-POPULATED SECTION ****

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

D. PLANALP

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

10-15-13 10:51 AM

DATED

PLACE SIGNED

APPROVED BY

BOB SUMMERS 079

DATE

10/15/2013 5:27:15 PM

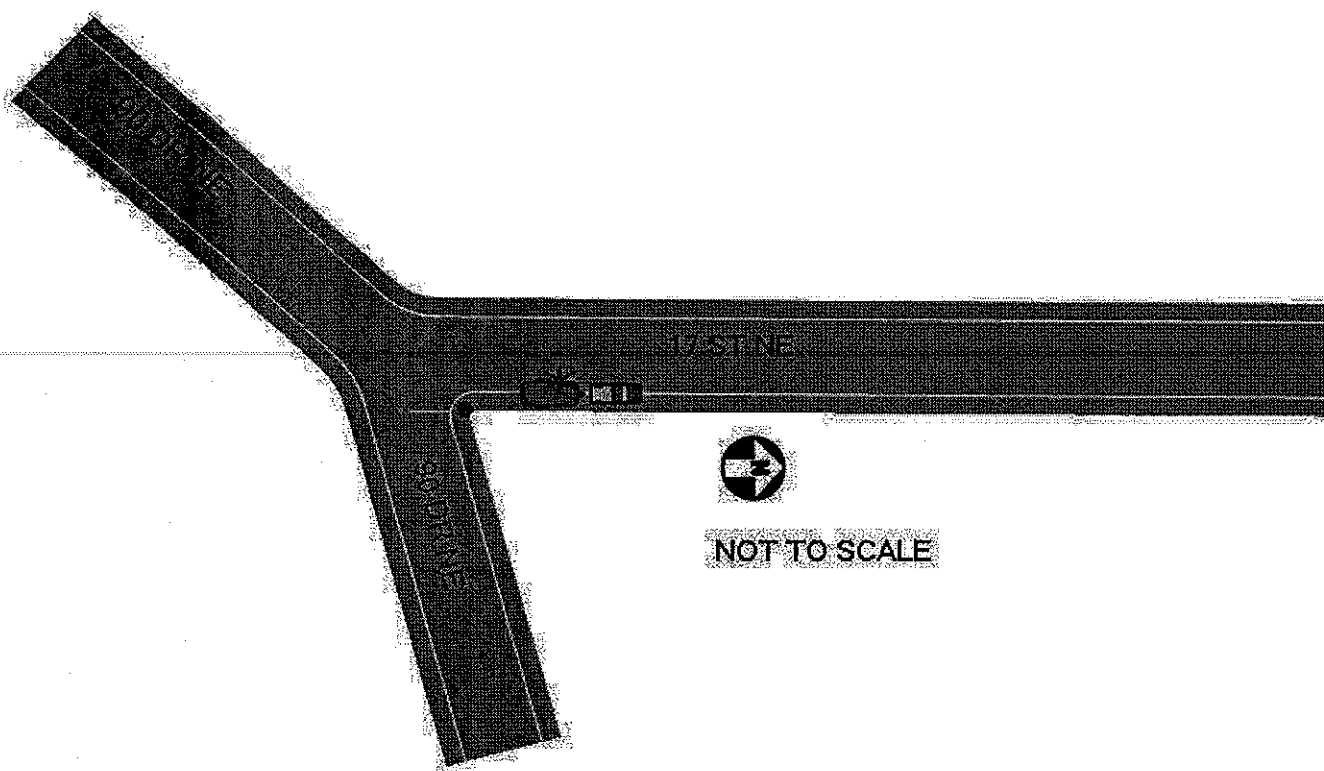
BADGE OR ID # 102

ORI #

WA0311900

TIME POLICE DISPATCHED 9:45 AM

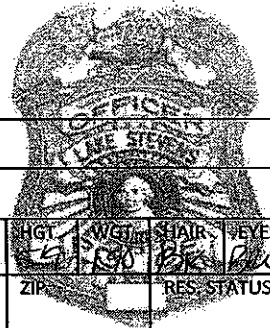
TIME POLICE ARRIVED 9:51 AM



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER B-02576



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) <u>KAEKA, DAVID N.</u>	RACE <u>PI</u>	ETH	SEX <u>M</u>	DOB <u>11-16-60</u>	AGE <u>52</u>	HGT <u>5'9"</u>	WGTH <u>190</u>	HAIR <u>BRN</u>	EYES <u>BLU</u>
STREET ADDRESS <u>9001 17th St NE</u>		CITY <u>LAKE STEVENS</u>		STATE <u>WA</u>		ZIP <u>98026</u>		RES STATUS		
HOME PHONE <u>425-449-1621</u>		CELL PHONE		PLACE OF EMPLOYMENT <u>PUSTON POLICE DEPT.</u>						
WORK PHONE <u>253-759-0272</u>		EMAIL ADDRESS <u>TRAIN2LIVE@YAHOO.COM</u>								

I, DAVID KAEKA, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

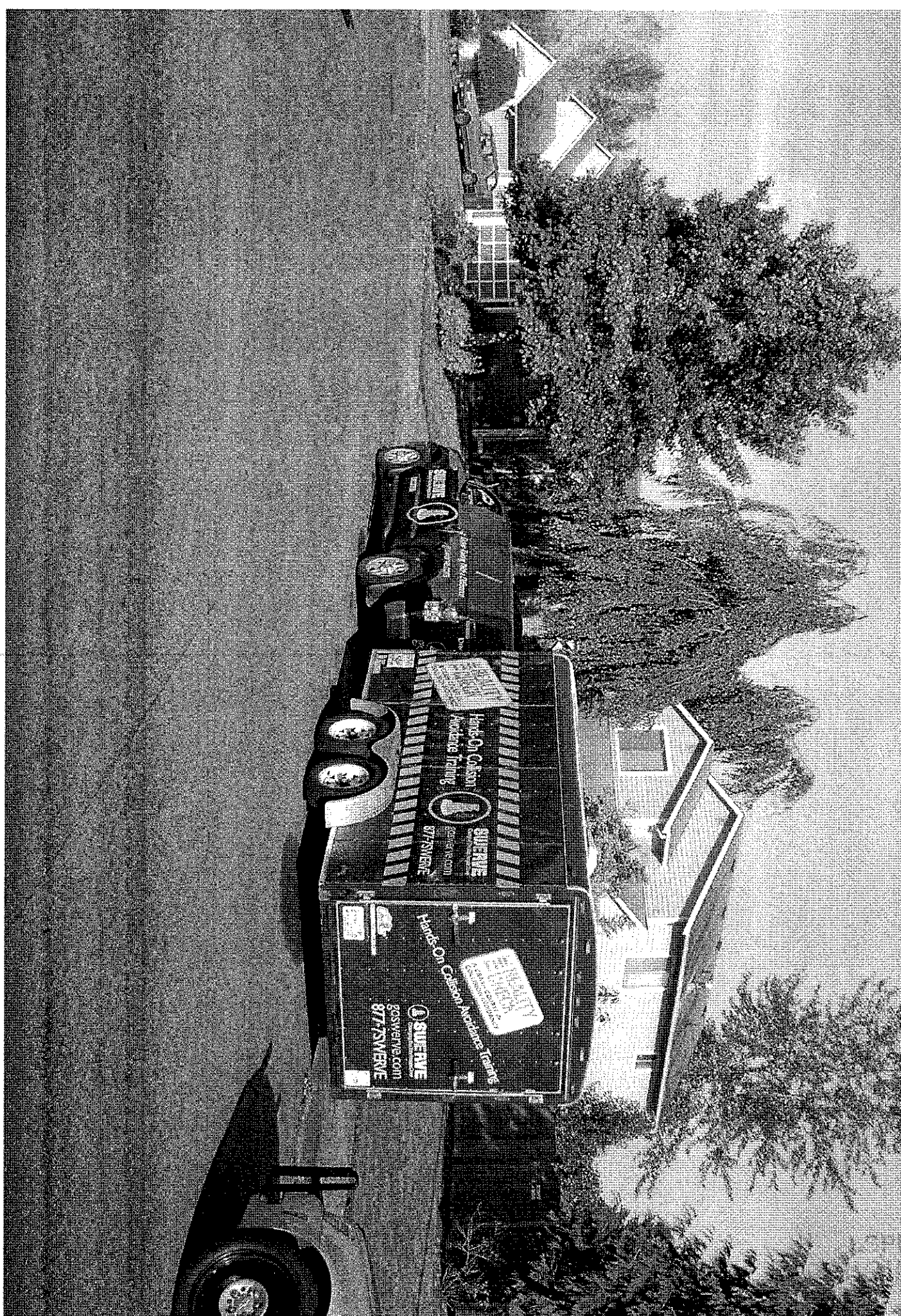
ON 10-14-13 I PARKED MY TRUCK AND TRAILER ON 17th St NE IN FRONT OF 9001 17th St NE WHERE MY GIRLFRIEND LIVES AT ABOUT 7:50 PM.

ON 10-15-13 AT ABOUT 9:00 AM I CAME OUT TO TAKE TRUCK AND TRAILER TO KENT AND FOUND THE TRAILER HAD BEEN HIT AND DAMAGED ON THE FRONT LEFT SIDE OF THE TRAILER.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED <u>10-15-13</u>	LOCATION SIGNED <u>LAKE STEVENS</u>
OFFICER/NUMBER: <u>102</u>	DATE SIGNED <u>10-15-13</u>	LOCATION SIGNED <u>LAKE STEVENS, WA</u>

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"



800-SWERVE.COM

877-7SWERVE

Hands-On Collision

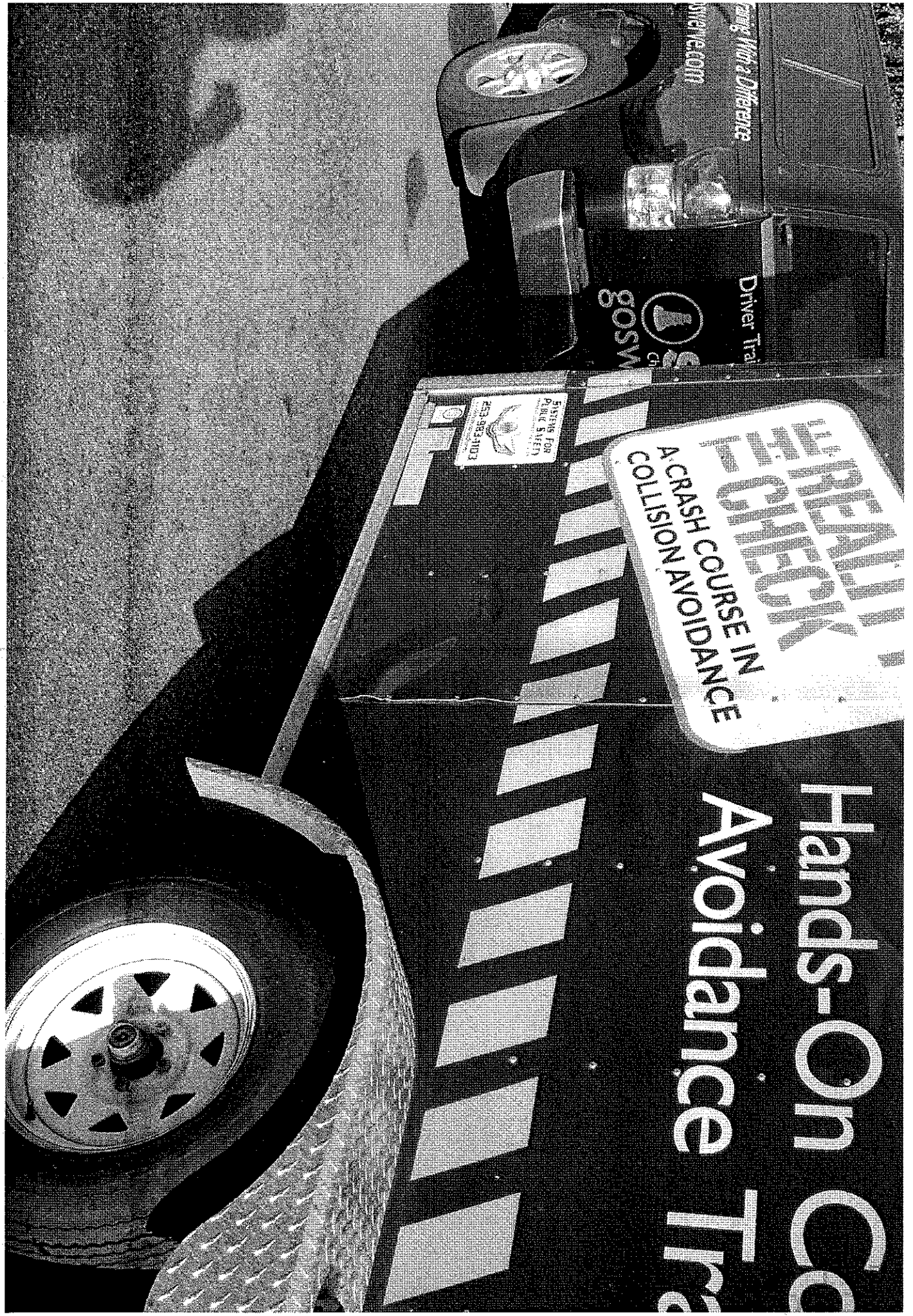
CARGOMATETRAILER.COM



WASHINGTON
5773-UP
WASHINGTON STATE

800-SWERVE
877-7





Hands-On Collision Avoidance Training

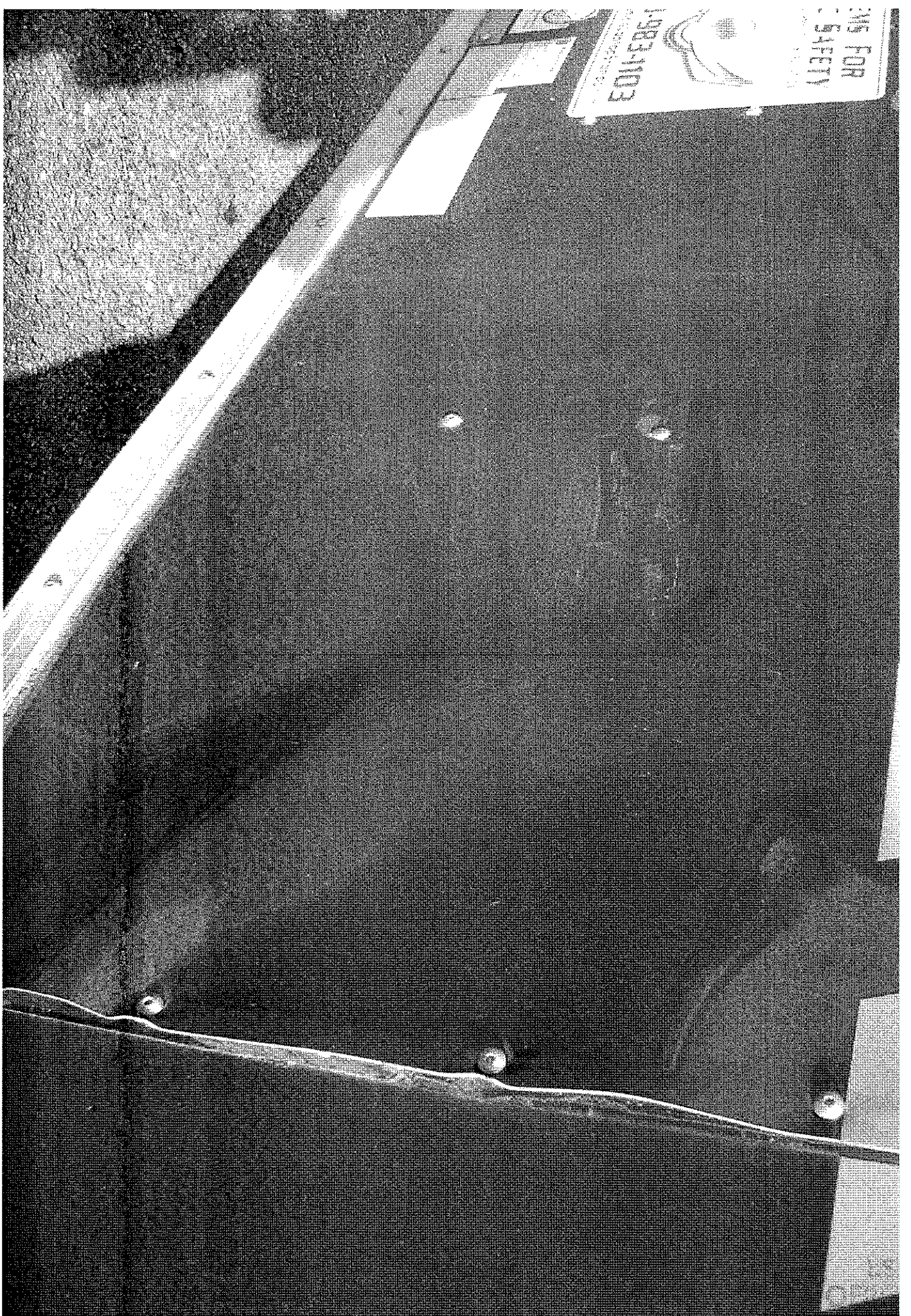
BRAKING
A CRASH COURSE IN
COLLISION AVOIDANCE

SYSTEMS FOR
PUBLIC SAFETY
800-983-4103

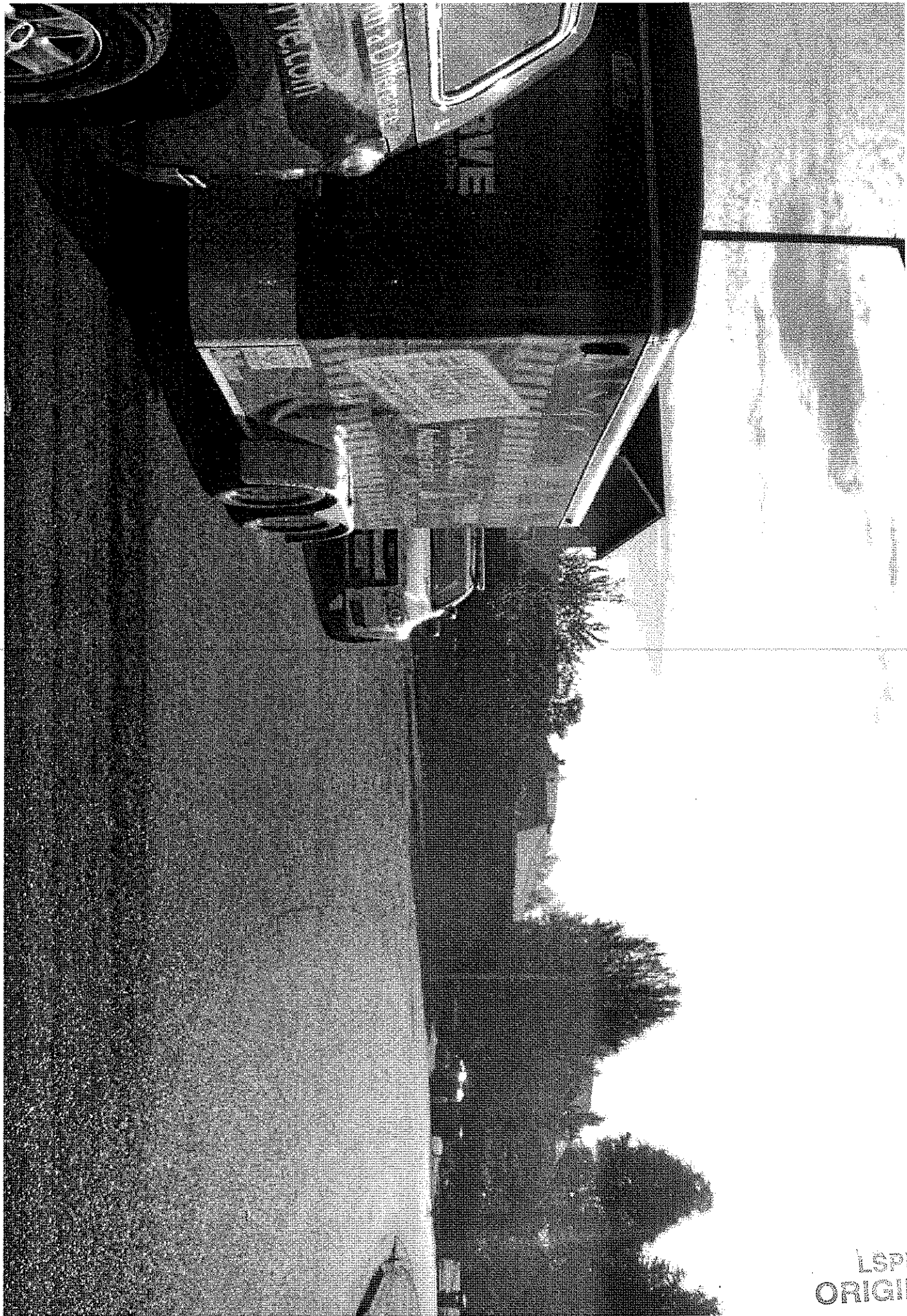
Driver Training
GOSW

Changing With a Difference
mytime.com

1983-103
15 For
Sheet







LSPD
ORIGINAL

LAKE STEVENS POLICE EVIDENCE UNIT				Primary Officer/Badge Number D. PLANALP #102				Case Number 13-02576			
Type of Crime: Felony / <u>Misdemeanor (Circle)</u>				Type of Case: <u>VEHICLE / HIT AND RUN</u>				Date/Time: <u>10-15-13 / 1040</u>			
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING								*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification			

Item # Action #	Item CD WITH PICS	Brand Name				Storage Location	Disposition
	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name Address City State Zip Phone #						Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions							

Item # Action #	Item	Brand Name				Storage Location	Disposition
	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name Address City State Zip Phone #						Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions							

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Owner Signature/Other remarks /additional information/ special instructions							

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	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name Address City State Zip Phone #						Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions							

Evidence Control Use Only:							
Received by Evidence:		NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING:		
Name: _____ # _____		NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room		
Date: _____ Time: _____		NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File		

ORIGINAL

Incident History for: #SS13022799
Case Numbers: \$SS13002576
Received 10/15/13 09:38:00 BY SPCT05 SP0285
Entered 10/15/13 09:39:08 BY SPCT05 SP0285
Dispatched 10/15/13 09:45:51 BY SPDP17 SP0368
Enroute 10/15/13 09:45:51
Onscene 10/15/13 09:51:29
Closed 10/15/13 10:08:42

Initial Type: ACC Initial Alarm Level: Final Alarm Level:
Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 3 Dispo: H
Police BLK: SS002 Fire BLK: AG1618 Map Page: 377E-6 Group: SS1 Beat: WEST
src: 9
Loc: 9001 17 ST NE ,LKS btwn 89 DR NE & 90 DR NE (V)
Latitude: (+) 48.011305 Longitude: (-) 122.109218

Loc Info:
Name: KAEKE, DAVID Addr: Phone: 4254491621

'0939 (SP0285) ENTRY , CC, COLD, HIT AND RUN, NS
'0939 (SP0368) VIEWED
'0945 DISPER SS1933 #SS102 PLANALP, OFFICER (DANIEL)
'0947 (SS102) REMINQ SS1933 MDTWANT, , , , , , WA, PERDUTJ069DQ, , , , , , , , , , ,
'0950 REMINQ SS1933 MDTVEH, ALK1105, , WA, , , , , , , , , , ,
'0951 *ONSCNE SS1933
'0951 REMINQ SS1933 MDTVEH, 5773UP, , WA, , , , , , , , , , ,
'0954 (SP0368) ASNCAS SS1933 \$SS13002576
'0958 (*****) REMINQ SS1933 B46146H
'0958 (SP0368) REMINQ SS1933 LIC, 1933, B46146H, , ,
'1008 CLEAR SS1933 D/H
'1008 CLOSE SS1933

LSPD
ORIGINAL